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A Monthly Journal for Hospital Executives



Toronto, Can.

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August, 1932

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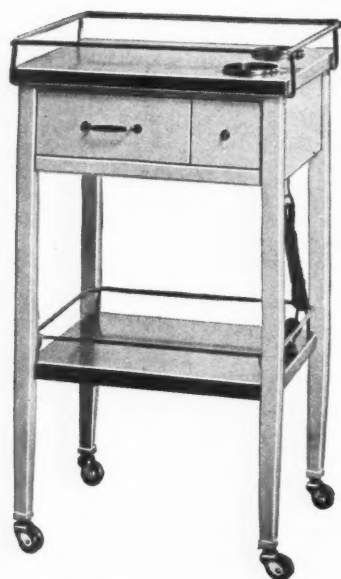
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**For Contents of this Issue
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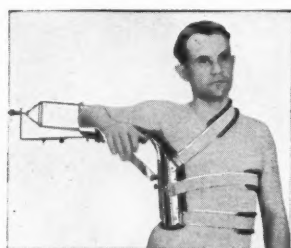
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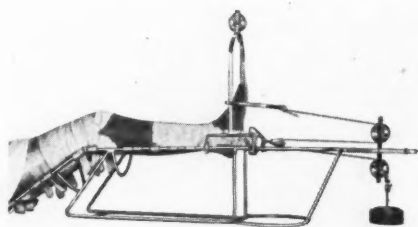


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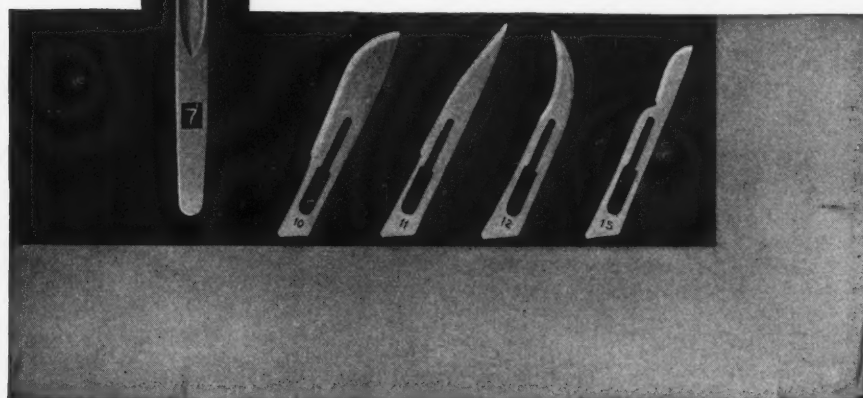
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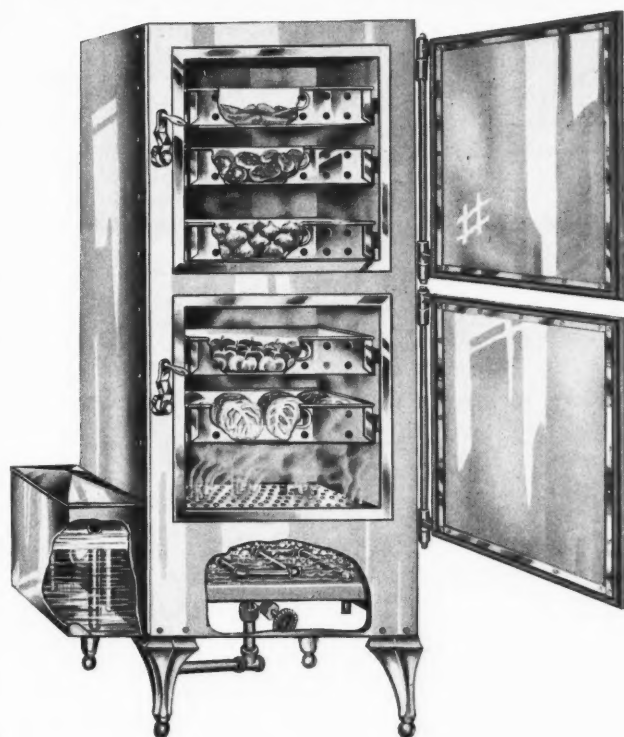
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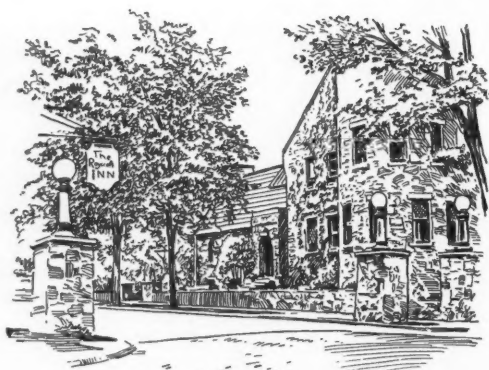
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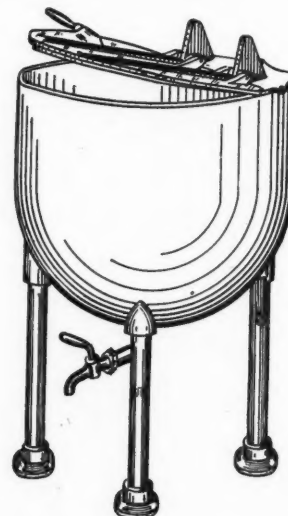
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AUGUST, 1932

No. 8

Nursing on Basis of Public Service is Mr. Massey's Advice

THE HON. VINCENT MASSEY, in addressing a public meeting at the biennial convention of the Canadian Nurses' Association in Saint John, gave the general public, as well as the nurses, some very pertinent facts to ponder in connection with the nursing situation. "Our present system of nursing in Canada is fraught with both waste and injustice," declared Mr. Massey. He was speaking from the public viewpoint concerning the report of the survey of nursing education in Canada, sponsored by the Canadian Medical and Canadian Nurses' Associations and conducted by Prof. George Weir, of the University of British Columbia.

"Only three out of eight people in Canada so ill as to require the care of a trained nurse can afford to engage one," stated Mr. Massey. "Two-fifths of the trained nurses in Canada are unemployed. Nine-tenths of the trained nurses' services are within reach geographically of less than half of our population.

"Can we escape a fundamental reorganization of these services so that this serious gulf between supply and demand can be permanently bridged?" asked Mr. Massey. He thought it was possible. "It can be done, I believe, in only one way, by the assumption of this responsibility by our community as a whole and by the organization of nursing on a basis of a public service, giving the public the benefit of nursing at low cost and the nurse the boon of security in employment."

Mr. Massey paid high tribute to the nurses of Canada. It seemed incredible that the number of nurses and student nurses in the Dominion had increased from fewer than 6,000 in 1911 to more than 30,000 in 1930, although in relation to population there were fewer medical doctors

in Canada to-day than ten years ago. This increase in the number of nurses, he said, "most certainly makes clear that there is no dearth of young women in our country who are prepared to enter arduous service."

He congratulated Professor Weir on the survey. "The thoroughness of the examination is most impressive. Nothing seems left out." He was in entire agreement with Prof. Weir that the time had come when a history of nursing in Canada might well be written.

"I am glad to see Canadian nursing approached as a national Canadian problem," said the speaker later in his address. "It is only by so viewing it that we can deal with it appropriately. Nursing has a peculiar relation to Canadian history and tradition. It represents a significant thread in a national fabric."



Seek Sterilization of Mental Defectives in Ontario

A SIGNIFICANT resolution, over the signatures of Mayor Ross L. Beckett and Alderman J. H. Minshall, of the city of Brantford, Ontario, was introduced for discussion by the City Council, Board of Trade and Service clubs of Brantford, in support of the aims and objects of the newly formed Eugenic Society of Canada, of which Dr. W. L. Hutton, Medical Officer of Health of Brantford, is Chairman. The resolution is worded as follows:

"Whereas the care of mental defectives during recent years has added materially to the burden of the taxpayers of this Province in the maintenance and support of public institutions, hospitals and asylums, this meeting recommends that the various organizations here assembled consider the advisability of obtaining a voluntary sterilization law in Ontario for mental defectives and that for this purpose the resolution be referred to the Brantford City Council, Brantford Board of Trade, Rotary Club, Kiwanis Club and Lions Club for such action as the various organizations deem advisable."

In connection with his address on "Eugenics and Sterilization" given before the combined Service Clubs, the Board of Trade and the City Council recently, Dr. W. L. Hutton, M.O.H. for Brantford, stated that at the present time the public is called upon to support, in mental hospitals, approximately 31,000 patients who are mentally ill. In this connection the Brantford "Expositor" quotes a statement made by Dr. B. T. McGhie, Director of Hospital Services, and H. M. Robbins, Deputy Minister of Hospitals, to the effect that at the present rate of increase in mental afflictions there will be admitted to the mental hospitals of Ontario in the next ten years nearly 20,000 patients, commenting at the same time on the fact that the number treated for mental illness in Ontario represents a much larger percentage of the population than that treated for any other disease.

Dr. Frank R. Packard, President of the Philadelphia College of Physicians and Surgeons, in an address before the recent convention of the Canadian Medical Association in Toronto, stated that he believed in the comparatively near future eugenics will be so developed that no

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one who is unfit, or diseased, or crippled, will be allowed to have children, and that in the more distant and problematical future the state will step in more, so to control breeding that only the flower of the race will produce our children.



Nova Scotia and P.E.I. Hospital Association Convention

In his address to the delegates of the Nova Scotia and Prince Edward Island Hospital Association Convention, held at Bridgewater, N.S., on June 15th, L. D. Currie, retiring president, stated that it would be unreasonable to expect that Hospital establishments would not be affected by that maelstrom of depression which has drawn the whole world into its destructive currents, crushing financial structures of age-old stability and sweeping into its depths many of the strongest of the world's political, industrial and social institutions. Every department of industry and of life in these provinces has been influenced by the untoward recession of business, but it was with great pride that he could boldly assert to-day that to such an extent have the hospitals of Nova Scotia and Prince Edward Island done their full duty in these distressing times by maintaining their services, by vigilance and by watchfulness, that no hospital door has been closed to any patient it could possibly serve. Many of the hospitals have had to give up for the time at least, many a cherished hope of plant and equipment expansion and many have seen their little savings lovingly guarded for some much needed instrument they wished to buy, dwindle and finally vanish, but to the undying credit of our hospitals be it said that not one of them has sought to gain by the depression by selfish appeals to public charity or by depriving their people of anything they have to give. They are holding the line and they are holding it honorably.

Dealing with Red Cross Hospitals, Mr. Currie said that in his travels about the province, particularly in the isolated sections of North Cape Breton and Guysborough County he had been impressed with the necessity of establishing contact between the town and city hospitals and these far-flung areas, so that at least a minimum of hospital service would be available in emergency. Having some information about the Red Cross out-posts of Ontario, he wrote to Dr. G. H. Agnew, Toronto, stating the case and asked for suggestions. With that readiness and sympathy which sets Dr. Agnew out among men like "a city on a hill," he at once interviewed the National Commissioner of the Canadian Red Cross Society, who has referred the matter to the Nova Scotia Division of the Society. Not feeling that the Executive was authorized to pursue the matter any further, Mr. Currie respectfully suggested that the incoming executive be empowered to deal with this matter as early as possible.

At the close of the session the Association were guests of the Hospital Ladies' Aid at afternoon tea served at the Nurses' Home. The visitors were received by the genial Superintendent of the Hospital, Mrs. Margaret Bohner, and the very efficient President of the Aid, Mrs. R. P. Dalgleish.

Royal Victoria Interns' Residence Only One of Its Kind in Canada

THE Royal Victoria Hospital, Montreal, has the distinction of possessing the only Interns' Residence in Canada. As reported in the March, 1931, issue of "The Canadian Hospital Journal," this handsome residence was opened by Sir Herbert Holt on January 28th, 1931, but it was only recently that photographs became available.

This structure is four storeys in height, and stands on a rise of ground north of the Administration Building. It is solidly constructed of stone and contains 40 rooms, one for each intern. All rooms are attractively furnished and equipped with extension telephones, which connect with the hospital switchboard. On each floor there are toilets and showers finished in marble and tile.

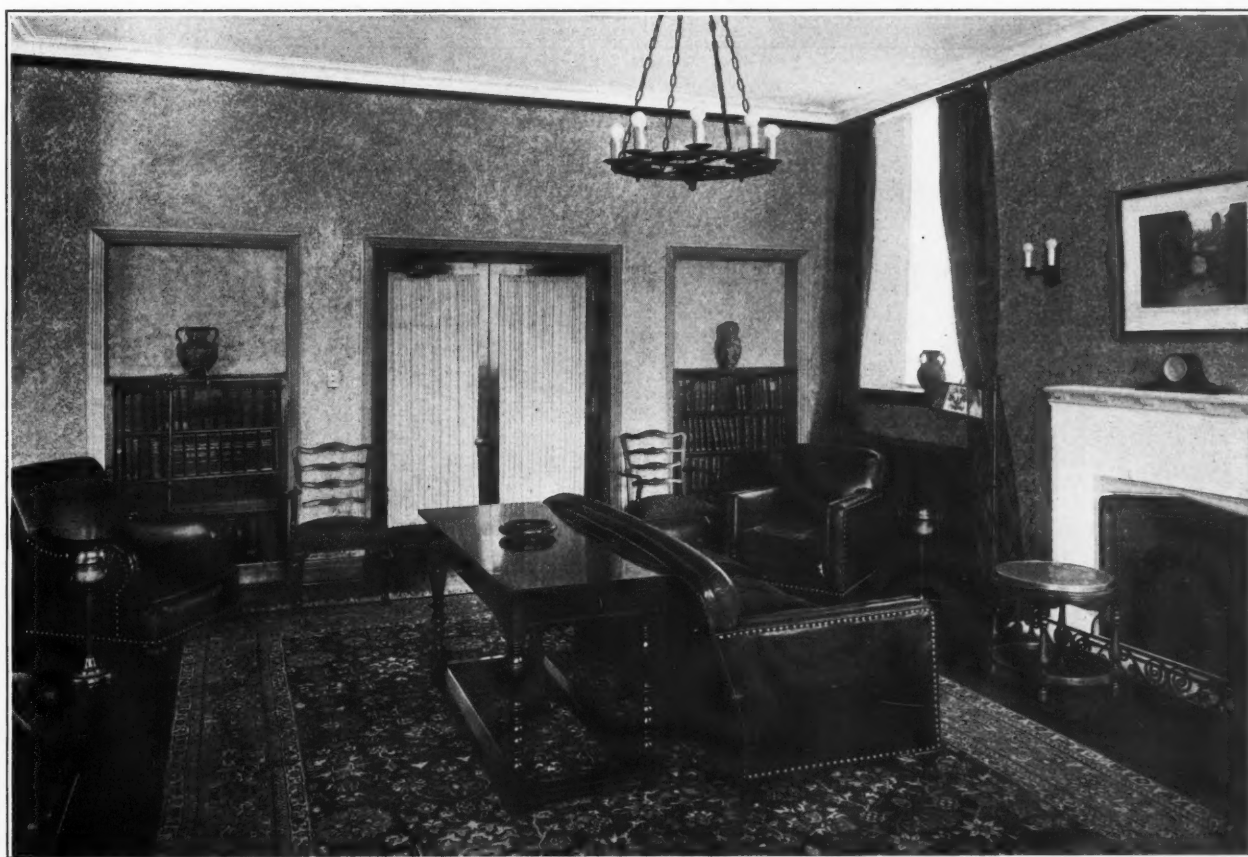
On the ground floor there are recreation facilities, including a billiard room, a lounge with fireplace, a snack

room with adjoining kitchen and quarters for the housekeeper. A special suite is available for the senior members of the staff.

Royal Victoria Served An Average of 4,157 Meals Per Day in 1931

According to the 1931 annual report of the Royal Victoria Hospital, Montreal, the dietary department, under the supervision of Miss Charlotte Large, Dietitian-in-Chief, served an average of 4,157 meals per day. Records of the total number of meals served from the various units of the dietary department reveal the following:

Main Kitchen	983,177
Ross Diet Kitchen	95,904
Special Diet Kitchen	26,603



The Lounge Room of the Interns' Residence, Royal Victoria Hospital, Montreal, is furnished in every particular, to suit a man's taste. What could be more inviting to the tired intern than this deep, leather upholstered furniture?

Women's Pavilion 411,346

Total..... 1,517,030

The staff of the dietary department includes the following:

Graduate Dietitians 5

Student Dietitians 8

According to the annual report: "The course offered in post-graduate training for Student Internship adds materially to our responsibilities, but these we assumed as members of a Staff in a Teaching Hospital, realizing that the future and development of any dietary department depends upon adequately trained dietitians, and aiming to give a well planned rotating service on a definite schedule of time." Of the 12 students completing the dietetic course during 1931, 9 have been successful in securing positions. Sixty student nurses were given six weeks' training and supervision in the Diet Kitchens.

In reviewing the work of the Metabolism Department special mention was made of several cases of Nephrosis and bone diseases for which the calcium balance was determined, qualitative and quantitative studies in fat absorption, and 105 hours of specialized instruction to hospitalized patients, diabetics and other therapeutic cases. The Metabolism Kitchen, which takes care of both research cases and special diets for public patients, served

26,603 trays in 1931, as compared with 22,721 in 1930—a 17 per cent increase.

The completion of the Dietetic Laboratory in the new wing of the Nurses' Residence will be welcomed, so the annual report states, as a possible solution of the problems of the past two years.

Are Glass Hospitals Coming?

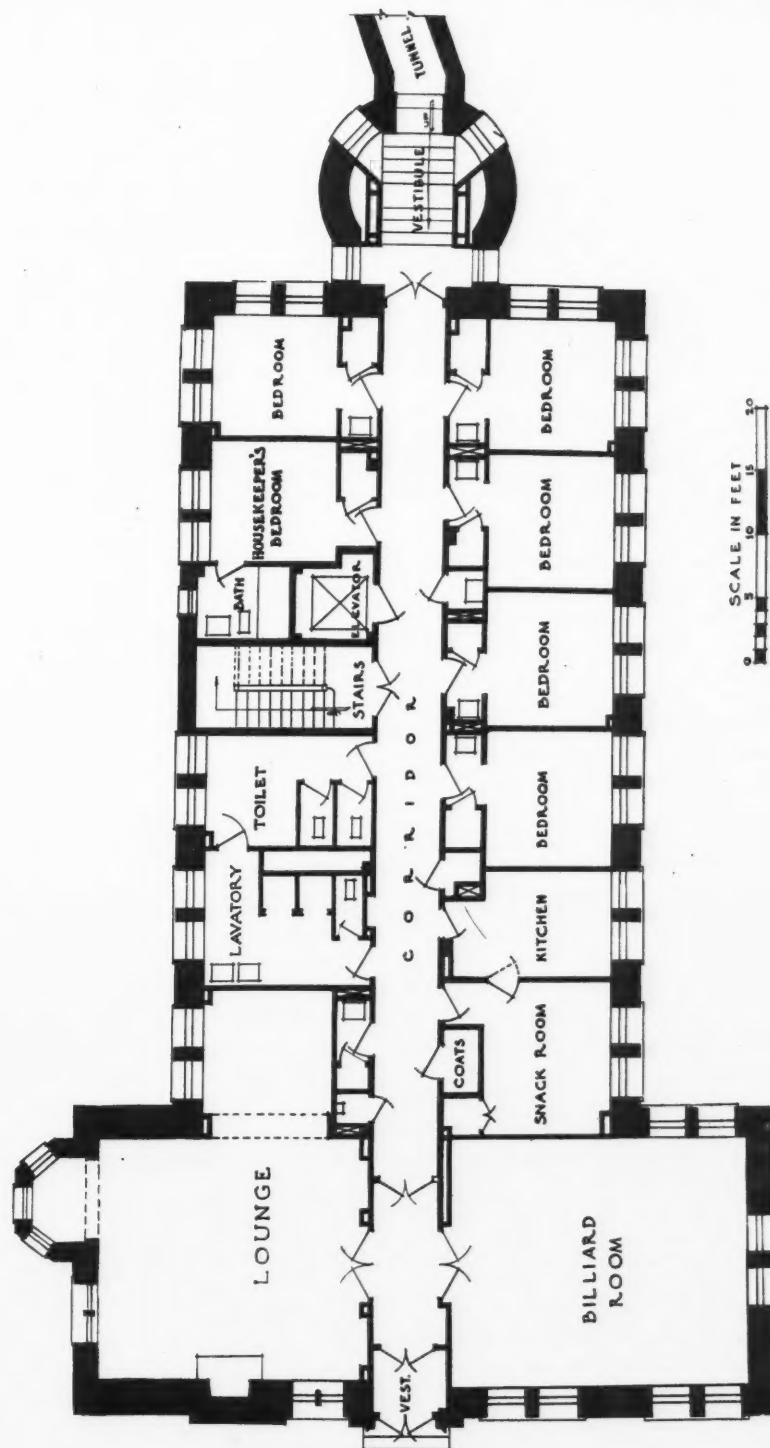
Many of us may never live to see the hospital of the future as it is envisioned by Superintendent Asa S. Bacon of Presbyterian Hospital, Chicago, but this is how it may look twenty-five years hence, according to a reported interview with Mr. Bacon in a Chicago newspaper:

"There'll be no windows, but solid walls of glass reaching to the ceiling, shutting out the noises of the city and permitting no dust to enter because they'll be sealed. They will permit more light and make hospital rooms more cheerful.

"Small electric units within each room will provide heat in the winter, relief from the heat in summer and ventilate the place with the aid of ducts which will take in and filter the outside air. The central heating plants of to-day will be taboo.



The Interns' Residence, Royal Victoria Hospital, Montreal, P.Q. is the only residence for interns in Canada. It has accommodation for 40.



*This is the ground floor plan of the Interns' Residence,
Royal Victoria Hospital, Montreal.*

Hospital Construction of the Twentieth Century

By B. EVAN PARRY, F.R.A.I.C.,

Parry & Smith, Architects, Toronto.

SUPPOSITION in these days of financial stringency is frowned upon by hospital authorities. Less and less is being left to such haphazard methods and at such periods as the world is now passing through hospital superintendents and others are discovering many faults which have become apparent in the building organization of their hospitals both in composition of plan and construction.

Conclusions, although somewhat tardily arrived at, prove that the arrangement of rooms, administration methods, technical and medical equipment of a twentieth century hospital should be the subject of concise, practical and logical research.

No industrialist would dream of building a factory without first securing correlated data pertaining to the industry to be followed. Therefore, since the hospital of to-day in a large measure resembles in fundamental principles the modern factory it must behoove those engaged upon this complicated study to follow the methods of the industrialist.

The Stockholm Municipal Hospital Committee commissioned Dr. Erik Edholm and Mr. Hjalmar Cederstrom, architect, to make plans and drawings for the new hospital, and placed at their disposal a central investigation office.

Physicians covering every phase of hospitalization were consulted as specialists. Experts were called upon to advise on the different departments. Special technical experts collaborated and architects assisted in the investigation of the plans submitted.

Many hospital authorities of Sweden were appointed as special investigators to visit hospitals throughout Europe and America. To avoid any possible chance of overlooking any valuable information which might be considered useful, foreign institutions, hospitals, physicians, architects, etc., were consulted and worked in co-operation with the investigation committee in Sweden.

As an emphasis of national interest and pride in such an undertaking, the Academy of Arts in Stockholm requested permission to make the composition of the plan of South Stockholm Hospital the subject of a competition for its senior students.

Dr. Rene Sand, President of the International Hospital Committee, in commenting on results of the investigation, stated inter alia that "In general and in most of its details, the distribution of the departments suggested by the hospital committee is excellent. It is based on experience gained all over the world and the latest knowledge in Nosocomial science.

Those who have made the plans are to be specially congratulated for the following reasons, i.e.:

1. That the underground floors have no sick wards.
2. That all the out-patients' departments are concentrated at one spot.

3. That all the general departments are placed centrally.
4. That the outer wings are reserved for pediatric cases, for neuralgia, for isolation and the like.
5. That the third floor has a main corridor running throughout the entire length of the establishment.
6. That the kitchen is on the top floor.
7. That the usual large verandahs have been replaced by balconies and roof terraces.
8. That a special department is planned for rheumatic diseases, as well as special halls for internal medicine, surgery and tuberculosis; halls for the treatment of dental diseases; a gymnasium for medical gymnastics; a social bureau; arrangements for treatment by occupation and a central archives department.

All these arrangements are to be highly praised, as well for their economic construction and administration as for the comfort and interdependence of the departments, the well being of the patients and personnel, the relation between the different parts of the hospital, the safety from infection and the general elasticity of the plan."

Congratulations to Sweden and the public spirit evinced in the total eclipse of insularity and the vision exercised by those responsible for the Stockholm Municipal Hospital Scheme.

The foregoing is but a glimpse of the complicated system of hospital building, but it will show to the layman that hospital building occupies a distinct role in architecture and demands special study and a particular practical knowledge of the subject.

Dr. Pirie Gives Interesting X-Ray Demonstration

Dr. A. H. Pirie of Montreal demonstrated, at the radiological section meeting of the Canadian Medical Association convention in Toronto, that a person may see with his eyes shut.

Letters of lead were placed in front of an X-ray apparatus and the rays directed on the demonstrator's eyes, firmly shut, which cast the shadow of the letters on the retina, allowing the letters to be read with the eyes shut.

By this method persons with a steel foreign body in their eyes could be made to see the shadow of the object and thus prove it was in the eye, although not revealed by ordinary examination, Dr. Pirie stated.

Miss Emory Re-elected President of C.N.A.

Miss Florence H. M. Emory, Toronto, was re-elected by acclamation as president of the Canadian Nurses' Association. Miss Emory's name was the only one reported by the nominating committee. An acclamation also was given Miss Nora Moore, honorary secretary, of Toronto.

St. John, N.B., Proves Delightful Convention City

By a Delegate of the M.C.C.H.A.

The age-old hospitality of the citizens of St. John, N.B., was forcibly brought into prominence during the week from June 21st to 29th, when three conventions successively held meetings there. The Canadian Nurses' Association opened their sessions on June 21st, the New Brunswick Hospital Association on June 27th, and the Maritime Conference of the Catholic Hospital Association on June 28. The delegates of all three were entertained right royally by the generosity of the people. I speak principally for the last mentioned convention, whose delegates coming from a united band of Catholic hospitals spreading over the whole area from Campbellton on the north of New Brunswick to Sydney and Glace Bay on the extreme edge of Cape Breton Island in the province of Nova Scotia. The gates of the city and the hearts of its people opened wide to welcome all these delegates in their wonderful city among the hills crowning the picturesque valley of their noble river.

Even the weather-man entered the lists, and mastering the fogs of Fundy's Bay poured out an almost continuous flood of sunshine to brighten the days and warm the welcome extended to our delegates.

During the first week St. Joseph's Hospital offered its best accommodation to the many Sisters who were following the sessions of the Canadian Nurses' Association Convention. For the second week Mount Carmel Aca-

demy opened up its beautiful auditorium and the students' quarters to the visiting Sisters. There in the midst of lovely scenery, the strain of continuous thought amid deliberation was ameliorated by the softening beauties of Nature.

The delegates had the opportunity of visiting the Tuberculosis Hospital of East St. John, where through the kindness and courtesy of Dr. Collins and Miss Coleman, they could see at close range the wonderful system of the latest equipment in kitchen service. Furthermore in their visit to the recently constructed General Public Hospital, the visitors were privileged to become acquainted with all the most modern equipment in the hospital world.

Last but not least, a visit to the Retreat House in Torryburn leaves in the mind memories of a gracious and paternal Bishop in the person of His Excellency, E. A. Leblanc,—while the bountiful providence of the Ladies' Aid of St. Joseph's Hospital was manifest in the excellent and appetizing supper served to the guests.

St. John City will go down in our annals as the loyalist city with a royal heart.

New Hospital Ship for Dr. Grenfell

Sir Wilfred Grenfell's new hospital ship, the two-masted auxiliary yacht *Jessie Goldthwait*, docked in Halifax June 25th after a rough trip from Boston. She is bound for St. Anthony, on the northern peninsula of Newfoundland, to replace the old *Strathcona*. She sailed later for Sydney, where Sir Wilfred and Lady Grenfell joined her for the trip north.

● NO LONGER NEED HOSPITALS GAMBLE WITH "LYSOL" SUBSTITUTES

At its low no-profit-price, "Lysol" disinfectant is a boon today to hospitals who must keep down cost . . . but who refuse to substitute safety for saving.

They *know* that "Lysol" contains a greater concentration of the active, germ-killing ingredient than the average "Lysol" imitation . . . They

know that these same substitutes are "watered" sometimes to the tune of a full quart to the gallon . . . They *know* that "Lysol" kills germs under all conditions of disinfecting practice.

So why gamble with prices and promises.

Lysol (Canada) Limited, 9 Davies Avenue, Toronto 8, Canada.

FIVE POINTS OF SUPERIORITY

1. *Germicidal efficiency* . . . Positive penetrating bacterial potency even in the presence of organic matter.

2. *Absolute uniformity* . . . Constant laboratory control guaranteeing uniform germicidal action.

3. *Pure, neutral, safe* . . . Elimination of free alkali and other impurities, assuring neutral, non-irritating solutions . . . Completely soluble.

4. *Wide application* . . . Meets every disinfection problem (personal or otherwise) . . . Serves many needs in ward, private room, operating room, kitchen, laundry and laboratory.

5. *Recognized leadership* . . . For more than 40 years "Lysol" disinfectant has enjoyed the complete confidence and endorsement of the medical profession the world over.

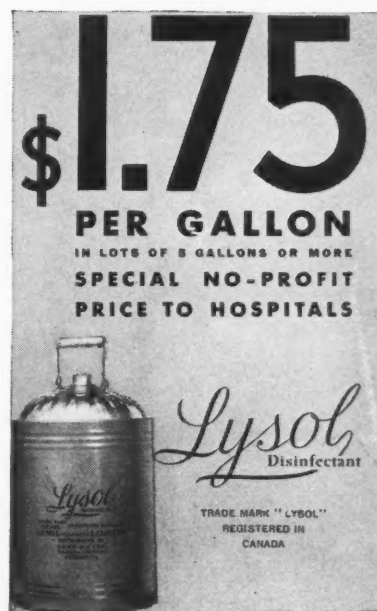
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IN LOTS OF 5 GALLONS OR MORE

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"CANADIAN MADE — UNSURPASSED"

Pure Gum Seamless

CIGARETTE TUBING

or Drainage Gauze Covers

Sterilizable, for draining wounds.

Diameter:

$\frac{1}{4}$ in., $\frac{1}{2}$ in., $\frac{3}{4}$ in., 1 in.

Width measured flat:

$\frac{3}{8}$ in., $\frac{1}{2}$ in., $1\frac{1}{8}$ in., $1\frac{1}{2}$ in.

In lengths of 18 or 36 inches.

*Specialists in Surgeons' Gloves
for 18 Years.*

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Largest Specialists in SEAMLESS Rubber Gloves
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When ordering from your suppliers
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"MAPLE LEAF"

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For Every Hospital Use

HIGHEST QUALITY BEST SERVICE

Medicinal Spirits	Rubbing Alcohol
Iodine Solution	Denatured Alcohol
Absolute Ethyl B.P.	Anti-Freeze Alcohol

Sold by all leading Hospital Supply Houses



A Technical Service Division is ready at all times to co-operate for the production of Alcohols best suited to your requirements.

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Hospital Congress in Liverpool Enjoys Large Attendance

BY invitation of the City of Liverpool, the Joint Conference of the British Hospitals Association and The Incorporated Association of Hospital Officers was held in Liverpool in June. The headquarters of the Conference being at the Adelphi Hotel.

The Conference commenced on Thursday, 9th June, the first meeting being held in the spacious and imposing Council Chamber at the Town Hall.

The Hon. Sir Arthur Stanley, G.B.E., C.B., M.V.O., the president of the British Hospitals Association was in the chair, and the Lord Mayor of Liverpool, (Alderman James C. Cross, J.P.) expressed the welcome of the city to the 535 delegates and their friends representing the two Associations.

It was a distinct disappointment that Dr. E. H. L. Corwin, Ph.D., secretary-general of the International Hospital Association, was prevented from sailing from New York at the last moment, so that his paper on "The Need for An Active International Hospital Association" had to be read, and indeed was very ably presented by Mr. R. H. P. Orde, B.A., honorary secretary of the British Hospitals Association.

A very useful discussion followed the reading of Dr. Corwin's paper, which was a very masterly review of hospital problems from the earliest times to the present day, outlining the difficulties which have to be faced by hospitals in almost every country, and making an eloquent plea for the support of the International Hospital Association, of which Dr. Corwin is the secretary.

At noon H.R.H. Prince George reached Liverpool by air, and visited the Conference. His Royal Highness warmly congratulated the Associations on the important work they are accomplishing, and paid special tribute to the work of the Merseyside Hospitals Council in having successfully organized one of the largest voluntary hospital contributory schemes in the country, which is supported by 300,000 employees and 7,000 employers of labour.

The Conference delegates met for lunch on board the White Star liner "Laurentic" and after lunch, Dr. W. H. Maxwell Telling, M.D., B.S., F.R.C.P., Senior Physician and Chairman of the Faculty, the General Infirmary at Leeds, gave an address on "The Place of the Almoner's Department in Hospital Treatment" followed by a general discussion.

Major R. H. Thornton, M.A., treasurer of the Liverpool Maternity Hospital, then opened a discussion on "Hospital Service for Persons of Moderate Means," giving the lay point of view, and Dr. J. C. Matthews, M.C., M.D., honorary physician at the Liverpool Royal Infirmary, continued the discussion from the medical viewpoint. The difficulties in the way of inaugurating a service of this nature were candidly reviewed, and many delegates joined in the discussion.

The Lord Mayor received the delegates to tea at the Town Hall, and in the evening, the Conference Dinner was held in the Adelphi Hotel. Four hundred and thirty-eight guests were present, and the dinner was the largest ever held in the history of the Associations. Some memorable speeches were made.

(Continued on page 21)

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S U T U R E S I N A N C I E N T S U R G E R Y



GIOVANNI ANDREA DALLA CROCE, a Venetian surgeon of the middle XVIth century, made two valuable contributions to surgical literature—a correlation of synonyms for surgical diseases from the Arabic, Greek and Roman, and illustrations of practically every surgical instrument then known. Among other interesting observations in his *Seven Books of Surgery* is mention of a successful hysterectomy, and detailed descriptions of the principal classic and contemporary methods of wound closure.

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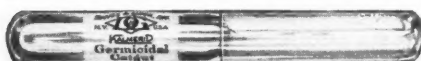
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Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide. †Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*	NON-BOILABLE
NO.	EXTREMELY FLEXIBLE
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size \$3.60

Kalmerid Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.

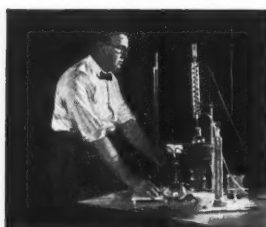


NO.	NON-BOILABLE GRADE
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Each tube contains one tendon
Lengths vary from 12 to 20 inches

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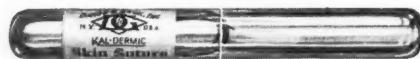
D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

DISCOUNT ON QUANTITIES

Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.



NO.	INCHES IN TUBE	DOZEN
550..WITHOUT NEEDLE.....	60.....	\$3.60
852..WITHOUT NEEDLE.....	20.....	1.80
954..WITH 1/2-CURVED NEEDLE...	30.....	3.00

Sizes: 000 (FINE) 00 (MEDIUM) 0 (COARSE)

In packages of 12 tubes of a kind and size

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	INCHES IN TUBE	DOZEN
555..WITHOUT NEEDLE.....	60.....	\$3.60

Sizes: 1 (FINE) 2 (MEDIUM) 3 (COARSE)

In packages of 12 tubes of a kind and size

Intestinal Sutures

WITH Atraumatic Needles integrally affixed to 20-day Kalmerid catgut. For gastro-intestinal work and membranes where minimized trauma is desirable.

THEY DO NOT BEND HERE

NON-BOILABLE (Extremely Flexible)

NO.	SUTURE LENGTH	DOZEN
1541..STRAIGHT NEEDLE.....	28.....	\$3.60
1542..TWO STRAIGHT NEEDLES...	36.....	4.20
1543..3/8-CIRCLE NEEDLE.....	28.....	4.20
1545..1/2-CIRCLE NEEDLE.....	28.....	4.20

BOILABLE

1341..STRAIGHT NEEDLE.....	28.....	\$3.60
1342..TWO STRAIGHT NEEDLES...	36.....	4.20
1343..3/8-CIRCLE NEEDLE.....	28.....	4.20
1345..1/2-CIRCLE NEEDLE.....	28.....	4.20

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Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00,0,1
400..BLACK SILKWORM GUT..	84.....	00,0,1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000,0,2
480..WHITE BRAIDED SILK....	60.....	00,0,2,4
490..BLACK BRAIDED SILK....	60.....	00,1,4

BOILABLE

Package of 12 tubes of a size. . . . \$3.60

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
812..10-DAY KALMERID "	20..00,0,1,2,3	
822..20-DAY KALMERID "	20..00,0,1,2,3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK....	20.....	000,0,2
892..UMBILICAL TAPE.....	24... 1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size. . . . \$1.80

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
914..10-DAY KALMERID "	20..00,0,1,2,3	
924..20-DAY KALMERID "	20..00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK....	20.....	000,0,2

BOILABLE

Package of 12 tubes of a size. . . . \$3.00

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The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



No. 650. Package of 12 tubes. . . . \$4.20

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



No. 600. Package of 12 tubes. . . . \$3.60

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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D&G Sutures

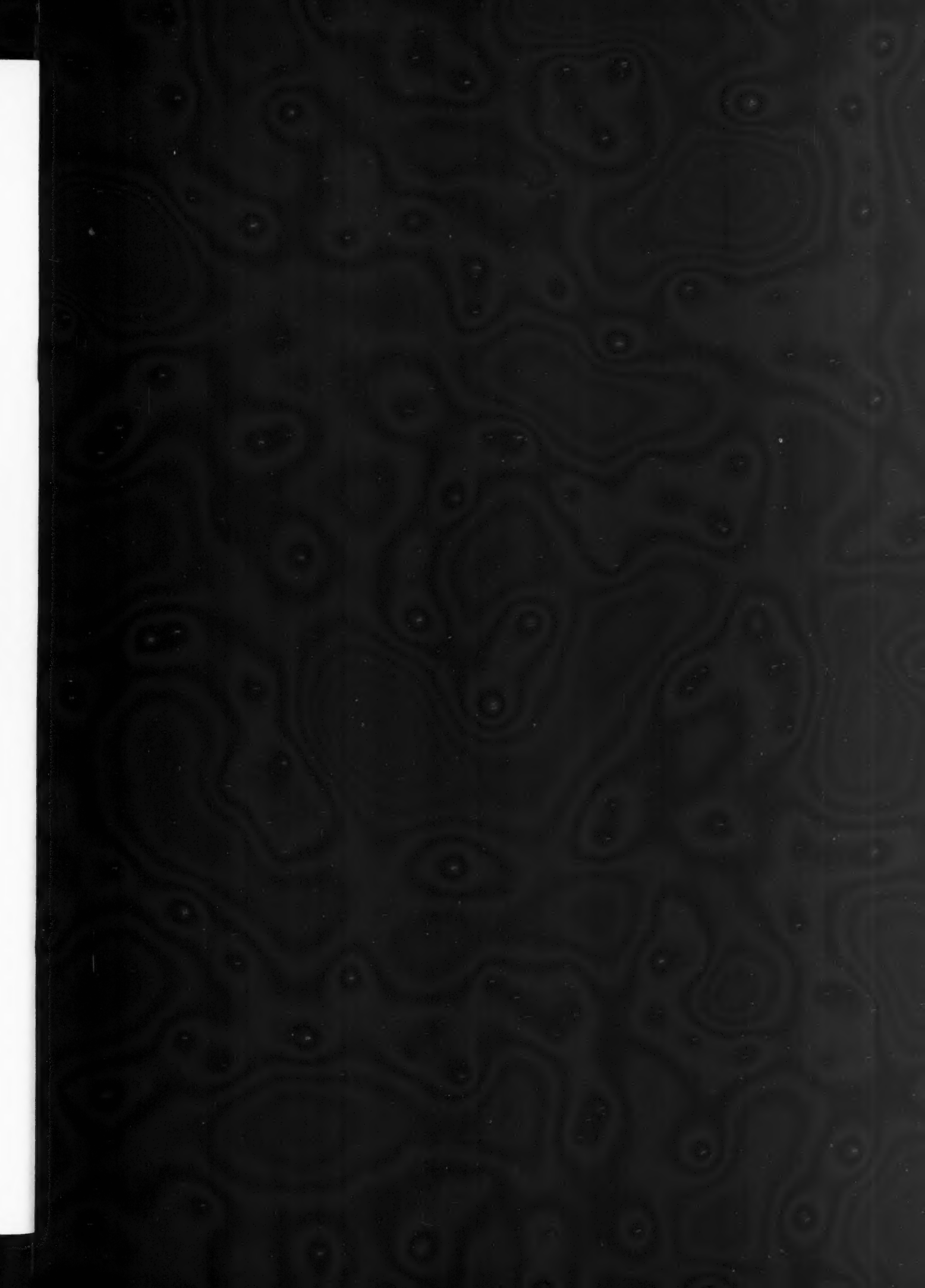
ARE ACCURATE IN SIZE



OVERSIZED and inaccurately gauged sutures are misleading to the operator and sometimes cause post-operative difficulties. In the laboratories of Davis & Geck, Inc. precision methods of gauging sutures have always been employed. Uniformity is assured by calibrating each strand at three points, and the size is accurately stated on each label.

D&G Kalmerid Catgut is prepared in two varieties: Non-boilable and Boilable. Both are heat sterilized, are strong, and embody all the essentials of the perfect suture. The non-boilable variety is particularly recommended to those desiring a heat sterilized suture of extreme flexibility.

DAVIS & GECK, INC. ▾ 217 DUFFIELD ST. ▾ BROOKLYN, N. Y.



Hospital Congress in Liverpool Enjoys Large Attendance

(Continued from page 16)

On the following morning, Col. D. J. Mackintosh, C.B., M.V.O., M.B., D.L., LL.D., medical superintendent of the Western Infirmary of Glasgow, gave a lecture, illustrated by lantern slides, on "Hospital Planning." He was followed by Major Raphael Jackson, T.D., D.L., secretary of Queen Mary's Hospital for the East End, London, who gave a paper on "How to Maintain the Voluntary Hospitals Under Modern Conditions."

Sir Frederick Bowring, C.C., was the host at a luncheon to the councils of the two Associations, and Mr. Ernest B. Royden, Chairman of the Liverpool Conference Committee, who unfortunately was prevented by indisposition from attending the Conference, received the delegates at his beautiful home overlooking the sands of Dee, on the Sunday afternoon.

Canadian friends who would be interested to read the papers and discussions delivered at the Conference, which dealt with a wide range of hospital problems, are invited to obtain copies of the July issue of "The Hospital," wherein a report will appear. The honorary editor is Mr. F. P. Carroll, secretary-superintendent Golden Square Throat, Nose and Ear Hospital, London, W.I.

OBITUARY

Charles Seward Blackwell

Charles Seward Blackwell, Chairman of the Board of Toronto General Hospital, Chairman of the Board of the Dominion Bank, Vice-President of the Toronto General Trusts Corporation, director of the Massey-Harris Company, and an active and influential representative of the financial interests of Toronto, died suddenly on June 23rd in London, England.

Mr. Blackwell was an ardent Canadian. He was born in Lindsay September 28, 1863, the son of William Blackwell. He was educated at the Lindsay public and high schools, and from 1883 until 1892 he was a retail grocer in Lindsay. Leaving Lindsay, he formed the Park-Blackwell Company in Toronto, which firm continued in the provision business for twenty years with marked success. In 1912 the firm was merged with the George Matthews Company, Limited, and the Laing Packing and Provision Company as Matthews-Blackwell, Ltd., Mr. Blackwell becoming Vice-President until June, 1919, when the firm was sold to the Allied Packers of Chicago, the Canadian interests of which are known as the Canadian Packing Company. From this time right to the day of his death he occupied a commanding place in finance and hospital administration, and his advice was frequently sought by executives of other institutions.

The University of Toronto, in recognition of his great work on behalf of the Toronto General Hospital, and indirectly to the University of Toronto through the medical profession, a year ago conferred on Mr. Blackwell the honorary degree of LL.D. Mr. Blackwell was a Governor of the University.



Conceded Advantages of the Curled Hair Mattress

COMFORTABLE — RESILIENT
SANITARY — NON-ABSORPTIVE
SELF-VENTILATING
ECONOMICAL — EASILY RENOVATED
LASTS A LIFETIME

What other mattress can answer this
roll-call?

Sterilized Curled Hair

has no substitute as a mattress filler



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Write us for samples and prices of our
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Lusta Wax for Floors

Easy to Apply
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Brilliant Lustre
Lasting Finish

Spread Lusta Wax over the floor . . . allow to stand a few minutes . . . a few quick rubs and . . . PRESTO . . . that brilliant, duco-like lustre generally so hard to obtain is your reward! Write for sample and prices.

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DR. BERT W. CALDWELL,
*Executive Secretary of the American
Hospital Association.*



MR. PAUL H. FESLER,
*President, American Hospital Asso-
ciation, and Superintendent Wesley
Memorial Hospital, Chicago.*



DR. GEORGE F. STEPHENS,
*President-Elect, American Hospital
Association, and General Superin-
tendent, Winnipeg General Hospital.*

The 1932 Convention of the A.H.A.

THE thirty-fourth annual convention of the American Hospital Association is attracting a great deal of attention in the hospital field and hospital representatives are arranging to attend in larger number than at previous conventions. The number of reservations at the Detroit hotels is much larger than the same period in advance of the conventions in previous years. Our hospital people feel that the many problems that are affecting hospitals will proceed to satisfactory solutions through discussions at the Detroit convention. There is no question but that an organized effort supporting a definite programme that can and should be determined upon will be a great help to the hospitals on this continent. Individual effort by individual institutions will be valuable but cannot possibly accomplish as much good either for the individual institution or the field at large as concerted action along well organized lines.

Those in charge of the program are attempting to present the facts to the delegates and to give them an opportunity to discuss from the floor the policies that will be presented by the leaders in the hospital field. Each session will be of exceptional interest. Of the agenda for the convention the following important topics as well as others will be given emphasis:

Ways and means for increasing bed occupancy and hospital earnings.

Hospitals and their part in the programme of the Committee on the Costs of Medical Care.

Hospitals and their part in the program of the White House Conference on Child Welfare.

The use of civilian hospitals for the care of disabled veterans of our wars.

Hospitals and the education and training of nurses.

Hospital insurance for our communities and particularly for those members of the community in the lower brackets of wage-earners.

Hospital legislation.

Workmen's compensation, lien, automobile, and accident laws.

Ways and means for reducing the cost of hospital operation without the sacrifice of hospital efficiency.

Hospital economies in the purchase and use of supplies.

Hospital plans for financing capital indebtedness and its charges.

Hospital organization action to secure payment for the care of indigent patients by the responsible political divisions—state or province, county, township, city.

Hospital participation in funds raised for unemployment and other relief.

Two round table sessions will be held each day. The afternoon sessions will be devoted to the section meetings and to the general meetings of the convention. The even-

ing sessions will be held in the auditorium of the Book-Cadillac Hotel. The Monday evening session is the President's evening, at which the presidential address will be delivered. The Tuesday evening session is the trustees' section and Dr. S. S. Goldwater will address hospital trustees and delegates on "The Plan and Scope of the American Hospital Association." On Wednesday evening the annual banquet and ball will be held at the Book-Cadillac Hotel and a speaker of international importance, who is closely connected with public welfare and hospital work, will be the guest orator. The Thursday evening session is a general public meeting at which "Hospital Problems as Related to the Community and to Public Welfare" will be the general topic. The participants in this programme will be men and women who have devoted their lives to work in the hospital and public welfare field. Details of the programme are being gradually worked out and nothing is being omitted that will add to the interest and value of each session.

The headquarters of the Association will be at the Book-Cadillac and Statler Hotels. The annual banquet and ball will be held at the Book-Cadillac and the evening sessions in the auditorium of that hotel. The day-time sessions will be held at the convention hall.

The commercial and educational exhibit of this convention will be the best that the Association has ever assembled. The commercial firms represented here are taking a lively interest in bringing the finest and the best as well as the latest equipment that is offered to the hospital trade. New construction materials, new laboratory equipment, general medical and surgical supplies, foods, furn-

ture, beds and bedding, surgical instruments, acoustical treatment, lighting arrangements, sterilizing apparatus, ambulances and automobiles, books, linen, rubber goods, operating room furniture, surgical catgut and sutures, X-ray equipment, uniforms, and everything that is used in hospital operation will be displayed.

The educational exhibit is more extensive than in previous years and many new and interesting features are to be incorporated.

The convention will be held during the most delightful time of the year in one of the most delightful cities. Detroit, with its fine industrial plants, its beautiful river front, its parks, its good roads, its places of amusement, its fine hotels and hospitable people, insures a very interesting week for those who attend the convention. The costs of travel and hotel accommodations have been greatly reduced and the arrangements for the entertainment of the guests in Detroit are ideal.

Our hospitals must work together. The existence of our institutions, particularly of our voluntary hospitals, depends upon it. The hospital field benefits most and most rapidly when its component institutions through their representatives enter into a joint study and an open discussion of their problems in our annual conferences. In these conferences each hospital assists the others in working out sound plans of procedure that promise ultimate success. In no previous period in the history of hospitals have the advice and counsel of our institutions been so vitally necessary to the entire hospital field as they are in the present crisis.

Specified by Leading Anesthetists FOR 74 YEARS

THE confidence which the medical profession has in Squibb Ether has grown through years of experience with the use of the product.

Dr. Edward R. Squibb was the first to design an ether still that would produce pure anesthetic ether. Squibb Ether is the only ether that is packaged in copper-lined containers to prevent the formation of oxidation products. It is sealed with a mechanical closure top as a safeguard against contamination of the product by solder or soldering flux.

Now, an additional improvement in the Squibb Ether container has been made by the introduction of a pointed cap. This cap, when used with a safety pin, provides a practical and handy dropper for administration of the ether by the Open Drop method.

Squibb Ether is the purest, safest and most economical ether for surgical use.

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The St. Boniface Hospital Group at St. Boniface and St. Vital, Manitoba

This group includes St. Boniface Hospital, a General Hospital, St. Roch's Hospital, a Contagious Annex, both at St. Boniface, and St. Boniface Sanatorium at St. Vital on the Red River, completed in 1931.

By MARY L. BURCHER

THE new St. Boniface Sanatorium for the treatment of tuberculosis cases, which was erected under the auspices of the Grey Nuns of St. Boniface, was officially opened on Wednesday, September 30th, 1931, by Premier Bracken.

The prime need for adequate space for the care of such patients, and the crowding of such patients into the general hospitals of the Province, prompted the offer made by the Grey Nuns to the Provincial Government and the Sanatorium Board to build an institution with a capacity of some 250 beds.

Tubercular institutions are, as our readers are no doubt aware, divided into two classifications, the pavilion plan or units, which care for the various stages of the disease, and the central institution, where all are treated practically under the same roof. Various buildings were inspected and many experts consulted before it was decided to adopt the central style institution for the new building. In this decision the authorities were influenced by the consideration of the maximum of service for the money expended.

A site was chosen in St. Vital across the Red River from the Manitoba Agricultural College, and just a short distance from Winnipeg, on the spot presumed to have been once occupied by the homestead of the Riel family. The building is admirably situated on a large plot of ground, in an angle of the river, beautifully surrounded by trees, isolated from heavy traffic and nestled away from any features which might prove detrimental to the patients. It has been placed with the idea of securing the maximum amount of sunlight for the patients and security from prevailing winds. It is convenient to an adequate water supply, has full facilities for drainage and sewage, is easily reached and convenient for supplies, etc., and also has ample grounds which will not only lend themselves to beautification, but will also afford space for a large home farm where much of the produce required can be grown.

The sanatorium group comprises three buildings, which includes the main building, the children's pavilion, and the service unit, which houses the powerhouse, laundry and quarters for the male staff. All these buildings are completely fireproof throughout, the main building being built in the "H" shape, 240 feet deep and 225 feet wide. This is of four storeys with basement, which includes tunnel communication to the outer buildings and space for all plumbing and heating plant. The wings project south and west and in this arrangement provision has been made whereby the patients will get the full benefit of the morning sun. In every case south and west exposures have been provided for the patients, while the staff and service rooms are on the northern sides.

Flow lines have been preserved in the interior planning, and the patient progresses naturally and easily through the different sections. As his case improves he is provided with larger quarters, first reaching the dressing-gown stage, where he is able to reach the ward dining-rooms, baths, etc. He then progresses to where he can use the occupational work. No ward has accommodation for more than six patients.

The building is of concrete frame construction in colonial architecture, combining simplicity in its design, warmth and color. Finishings are in dark red tapestry brick and stone trim, making a fine appearance without undue ostentation of appearance. It is entered at the front through a large stone-columned portico, and at the rear has an ambulance entrance at the first-floor level and two service and supply entrances at the ground-floor level. Partitions throughout are of tile terra cotta and gypsum and the floors, except in one or two cases where special treatment is necessary, are of terazzo.

The infirmary section occupies the top floor. Service features are at the intersection of wings with the central corridors, the same plan being followed on the lower floors.

Semi-ambulant patients are on the second floor, and the fully ambulant patients, or those who can take light exercise, on the ground floor. A fourth floor, over the central portion of the building, houses an auditorium and shelters for the use of patients during sun treatment.

The building is equipped with all the modern hospital requirements, such as nurses' call systems, doctors' "in" and "out" system, signal system, telephones, radio and other conveniences for the staff and patients. The doors throughout are solid slab doors, set in steel frames.

Connecting these buildings are roadways coming into the grounds from the main highway, well gravelled and 20 feet wide, with all the necessary walks required for connecting the various buildings.

The architect for the new sanatorium was J. N. Semmons of Winnipeg. The Sister Superior in charge is Sister Ste. Emilienne. Dr. David A. Stewart, Medical Superintendent of the Sanatorium at Ninette was appointed consulting surgeon for the new sanatorium. Other appointments announced were those of Dr. J. D. Adamson as physician and Dr. Sinclair and Dr. McEwen as associate physicians.

The record of service and healing at the St. Boniface Hospital, St. Boniface, Manitoba, dates back to 1844. Twenty-seven years before that date, at the request of the famous Bishop Provencher, the Order of Sisters of Charity, commonly known as the Grey Nuns because of the colour of their habits, came to the shores of the Red River to teach the growing generation and succor the orphans

and poor. In 1844 they extended their work to include caring for the sick. Isolation and privations of a pioneer community, separated by weeks of arduous travel from the outside world, made the task difficult. It was 1872 before a separate building was devoted exclusively to the care of the sick. With a capacity of four beds, the hospital record for that year shows a total of 34 patients and 1,174 hospital days.

In 1877 a building increasing the capacity to ten beds, was secured from Hon. Henry J. Clarke, a former Premier of Manitoba. Extensions were made in 1886 and 1903 so that in the latter year the hospital had a capacity of 125 beds, with a total of 28,844 hospitalization days. Dr. J. Scott Conklin, now of Vancouver, was the first resident medical interne, appointed in 1894, while the late Dr. A. H. Ferguson, afterwards of Chicago and famous throughout America as an abdominal surgeon of great ability, was doing most of his surgery there.

Dr. Ferguson held the chair of surgery in the University of Manitoba, and it was at his instigation that St. Boniface Hospital installed what was then a fine operating theatre. Thirty students witnessed the first operation he performed in the newly-equipped room.

To meet the need for technically trained nurses the sisters in charge opened a training school for nurses in 1897 with a class of five. In 1899 further extensions were made to the main building, providing one larger and one small operating room, dressing rooms and a sterilizing room.

About the same time the need for an isolation hospital was met by securing a small two-storey frame structure, which became the first St. Roch's Hospital. The accommodation thus provided was insufficient, and within a short time a building large enough to house 47 patients was secured.

This served for the care of contagious cases until the fall of 1922, when the present St. Roch's was erected. It is beautifully situated on the banks of the Red River, a bright and comfortable building, with modern equipment and a capacity of 100 beds.

In 1905 the south wing was added to the main building, increasing to 300 the number of beds. X-ray equipment and a laboratory were installed in 1912, and in the following year a brick laundry house and a power house were erected.

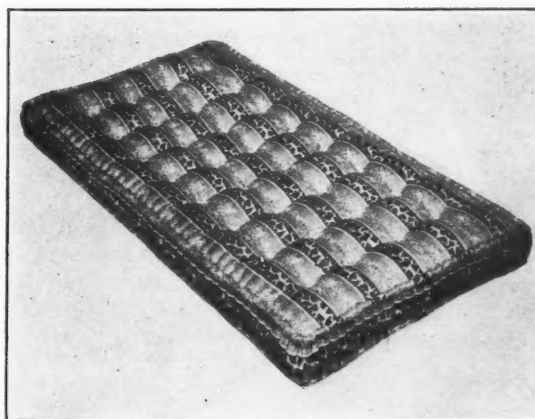
The main building took on its present appearance in 1914, when the central section was demolished, rebuilt and enlarged. The new transept, which was completed in 1916, is an imposing structure with a facade of cut stone, embellished by massive stone columns. Entirely of fire-proof construction, it houses the offices and various departments of surgery, including pathological, X-ray, ear, eye, nose and throat and cystoscopic rooms. The heating plant was also remodelled and new kitchen equipment and ice machines were installed.

With the outbreak of the World War the demands on the hospital were enormously increased. The sisters cheerfully grasped the opportunity to show their patriotic devotion, and a special ward was provided in which more than 13,000 soldiers have had treatment.

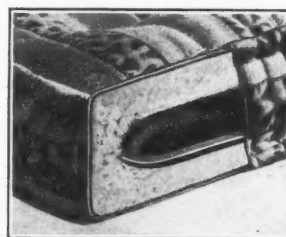
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(Continued on page 27)

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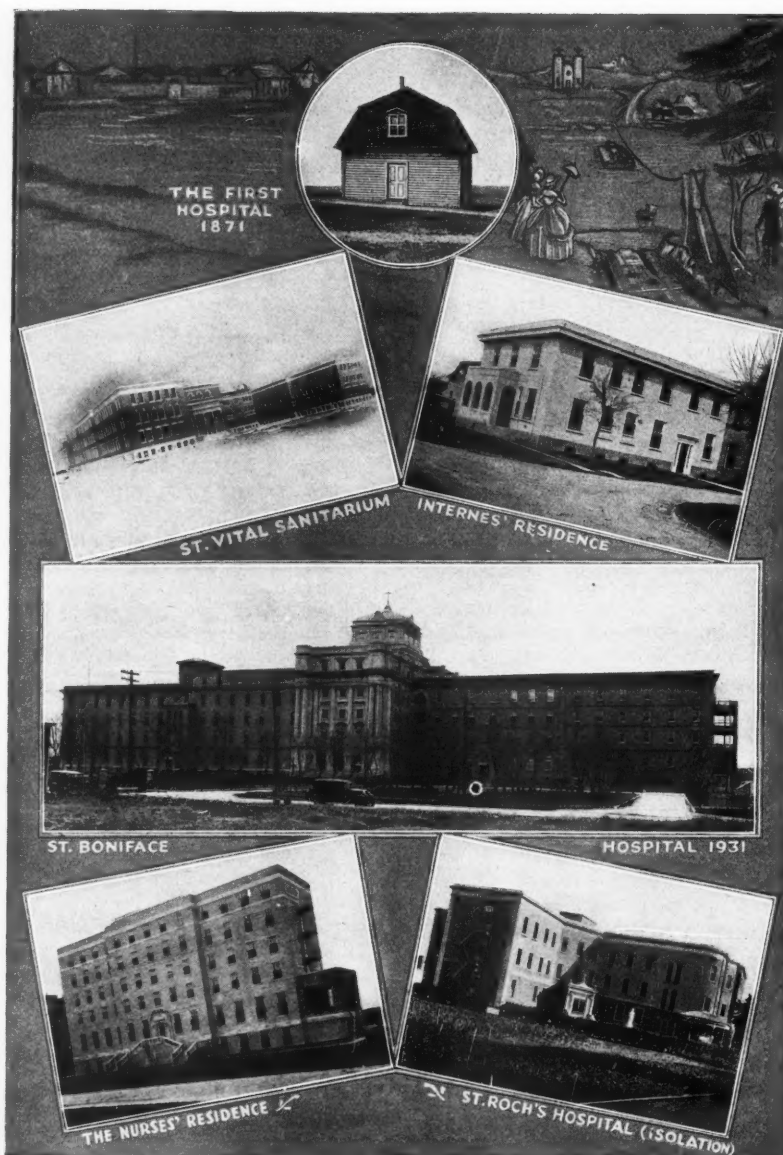
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The Growth of the St. Boniface Hospital Group Since Its Humble Beginning in 1871



The St. Boniface Hospital Group at St. Boniface and St. Vital, Manitoba

(Continued from page 25)

Surgeons' plan of hospital standardization, the staff of St. Boniface Hospital modified their programme in certain details to bring it into conformity with the new proposal, and in 1920, after inspection by representatives of the College of Surgeons the hospital was awarded first class standing.

In 1924 an out-patient department was established. Afterwards a staff ward in which cases of special interest could be studied, was opened, and ward rounds for graduate doctors started. These efforts elicited the approval of the faculty council of the medical school of the University of Manitoba, and in 1926 St. Boniface Hospital became affiliated with the university as a teaching hospital. In the same year a new form of constitution was drawn up under the direction of Rev. Father Moulinier, S.J., president of the Catholic Hospital Association.

The hospital maintains an out-patient department where an average of 70 patients a day are examined. Each new patient goes through the general medical clinic and is given a thorough general examination. From this clinic he is referred to one or more special clinics. These special clinics cover all departments in medicine and surgery and are in charge of specialists who treat diseases of the heart, lung, eye, ear, nose and throat, thyroid, stomach, intestines, blood, diseases of women and children, diseases of the bone, skin and nerves and surgical conditions. There are also special pre-natal and dental clinics.

The medical service in the out-patient department and in staff wards is given to indigent patients without charge by the honorary attending staff. The staff consists of about 30 physicians and surgeons who are appointed by the hospital with the approval of the medical faculty of the University of Manitoba.

About one-third of the clinical teaching in connection with the medical course at the University of Manitoba is done in the wards and out-patient department of St. Boniface Hospital. Progress in the work of the hospital has in recent years required an increase in the medical and interne staff. To accommodate them new quarters, completely separated from the main building, were erected. The space formerly occupied in this building is now being used for new clinics necessitated by the rapid growth of the hospital's out-patient department. The hospital is approved for internship by the Department of Hospital Service of the Canadian Medical Association.

An important step forward was taken in 1928 with the completion of a five-storey residence and school for nurses, this being erected at a cost of \$300,000. It is of brick and stone construction and accommodates more than 160 nurses. The building is equipped with the latest conveniences and is connected by a covered passageway on the basement level with the main building.

The addition of the sanatorium for tuberculosis in 1931 makes the St. Boniface Hospital group one of the most completely equipped in the Dominion of Canada. Rated high by the American College of Surgeons this hospital will no doubt continue to extend the scope of its services and resources, thereby constantly improving a record which extends back to 1844.

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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

GUELPH.—Miss S. Agnes Campbell, of Edmonton, has been appointed superintendent of the Guelph General Hospital. Miss Campbell succeeds Miss M. Bliss, who resigned several weeks ago.

Miss Campbell is a graduate of Toronto General Hospital. She served overseas with Toronto University hospital nursing staff. On her return she was superintendent of Saskatoon City Hospital until two years ago, when she spent a year in McGill University, Montreal, where she took a course in hospital administration.

After visiting relatives here, Miss Campbell spent a year in California, and returned to take her new position at Guelph on August 1.

* * *

HAMILTON.—The Evel Building, newest wing of the Mountain Sanatorium, was completed in June. The building is four storeys in height, 225 feet long and 65 feet wide, and contains 145 rooms.

LONDON, ONT.—Major Clara Eastwell, stationed in this city as director of the young peoples' work conducted by the Salvation Army, has been appointed superintendent of Grace Hospital, Ottawa. Major Eastwell succeeds Adjutant Brett, who has been named superintendent of the Woman's Hospital, at Toronto, and is succeeded here by Major L. Uraski, who has also been named chancellor of the Western Ontario division.

* * *

LONDON, ONT.—Dr. Robert Bristow, who has been appointed to the fellowship of surgery at Victoria Hospital, is a native of St. Thomas who obtained his degree of Doctor of Medicine from Western during 1929. During his academic course he had a particularly brilliant record and upon graduation was awarded the Alpha Kappa Kappa gold medal for taking the highest standing in the final year of the medical course.

He is the first holder of the fellowship in surgery which provides for a special course of post-graduate work to be conducted under the joint auspices of the Medical School and Victoria Hospital.

* * *

MONTREAL.—The Board of Governors of the Montreal Children's Hospital have announced appointments, which include the name of Dr. E. H. Cayford as chairman of the medical board. Others on the board are Dr. J. A. Nutter, vice-chairman; Dr. F. D. Ackman, Dr. H. C. Bussiere, Dr. H. Drummond, Dr. A. F. Foss, Dr. Gavin Chisholm, Dr. E. H. Henderson, Dr. James G. Henderson, Dr. A. E. London, Dr. Gavin Miller, Dr. F. W. Shaver, Dr. A. E. Vipond, and Dr. Charles W. Vipond.

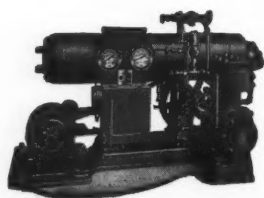
Those on the consulting staff are: Physicians and surgeons—Dr. A. T. Bazin, Dr. E. Eberts, Dr. Donald Hingston, Dr. Charles Martin, Dr. E. Williams; Ear, nose and throat—Dr. H. S. Birkett; neurologist—Dr. F. Mackay; orthamologist—Dr. H. S. McKe; pathologist—Dr. L. Rhea; condilogist—Dr. Charles Moffatt, Dr. C. C. Birchard; radiologist—Dr. Colin Ross, Dr. W. W. Wilkins; dermatologist—Dr. Phillip Burnett; urologist—Dr. D. W. Mackenzie; anaesthetists—Dr. E. N. Casey, Dr. Helen Drummond, and Dr. A. F. Foss.

* * *

NEEPAWA, MAN.—J. H. Metcalfe was re-elected as President of the Manitoba Hospital Association at its annual meeting held here on June 29th to July 1st. Dr. G. S. Williams was re-elected as Secretary.

* * *

OTTAWA.—Adjutant A. M. Brett, who has been 14 years in the Salvation Army in Ottawa, and for some time past superintendent of the Grace Hospital, has been ap-



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pointed as superintendent of the Women's Hospital, Toronto.

The adjutant was appointed to Ottawa as a lieutenant in January, 1919, when the hospital was situated at Daly Avenue, and on the erection of the present building in 1922 was appointed as assistant superintendent, and then on the transfer to Halifax Grace Hospital of Major Hilda Aldridge in 1929 the adjutant was appointed as superintendent.

* * *

QUEBEC.—New sanitary units have been established in the counties of Lavolette, Ste. Maurice and Champlain.

Dr. A. Boissonot, who was formerly in charge of the sanitary unit in Matane, is in charge of the Ste. Maurice unit, headquarters for the latter being in Shawinigan Falls, while Dr. C. A. Gauthier of St. Stanislas has been designated to Champlain, headquarters in this case being in Cap de la Madeleine. The third unit, Lavolette, is in charge of Dr. E. Frenette, who has his office in Grand Mere.

With the opening of the three new units, the Provincial total of sanitary units numbers 28, serving 36 counties.

* * *

SAINT JOHN, N.B.—Dr. Fred C. Jennings, of this city, who recently completed his term as an intern at the General Hospital, was appointed junior physician of the anaesthesia department of the hospital.

* * *

SAINT JOHN, N.B.—Dr. S. R. D. Hewitt, superintendent of the Saint John General Hospital, was elected President of the New Brunswick Hospital Association at their recent annual meeting.

* * *

TORONTO.—Among those who sailed on July 2nd on the Duchess of Atholl to attend the Centenary Celebrations of the British Medical Association were: Dr. Alexandra Primrose, President of the Canadian Medical Association; Dr. Harvey Agnew, Secretary Dept. of Hospital Service, Canadian Medical Association; Dr. T. C. Routley, Secretary of the C.M.A.; W. R. Chenoweth, Superintendent Royal Victoria Hospital, Montreal; Dr. A. T. Bazin, Chief Surgeon, Montreal General Hospital.

* * *

TORONTO.—Dr. John L. Chabot, a popular surgeon of Ottawa, has been elected president of the council of the Ontario College of Physicians and Surgeons, and is the first French-Canadian to hold the office.

* * *

TORONTO.—Dr. R. J. Middrie, staff surgeon of St. Joseph's Hospital, died suddenly in the office of the Department of Game and Fisheries at Queen's Park on July 16th.

* * *

TORONTO.—A building permit has been issued to St. Michael's Hospital for the erection of an addition to the nurses' residence, to cost \$71,000. Construction has been commenced.

* * *

TORONTO.—Dr. J. J. Slavens, Bellwoods Avenue, Toronto, has been awarded a fellowship in paediatrics at the

Mayo Foundation, Rochester, Minn. Dr. Slavens is a graduate of the University of Toronto, 1930 class.

* * *

TORONTO.—The Governors of the Toronto East General Hospital and the Toronto Orthopedic Hospital have arranged to amalgamate the two institutions. The work of the Orthopedic Hospital will be continued on the fifth floor of the Toronto East General, and in due course it is expected to complete the latter institution with a six-storey convalescent and orthopedic wing.

The nurses in training of the Toronto Orthopedic Hospital will be taken care of in the new \$100,000 nurses' home, which is now ready for occupation.

* * *

VANCOUVER.—Dr. B. D. Gillies of this city was elected to the presidency of the Pacific Northwest Medical Association. The next meeting of the organization will be held in Vancouver.

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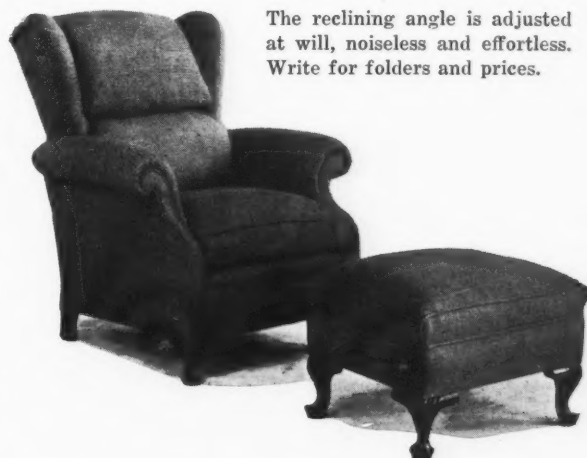
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Wheat Bran as a Source of Vitamin B

MARY S. ROSE, ELLA McC. VAHLTEICH, ESTHER H. FUNNELL
and GRACE MacLEOD,

Nutrition Laboratory, Teachers College, Columbia University,
New York.

IN 1915 McCollum and Davis (1) showed that the wheat kernel must be supplemented by protein, mineral salts, and vitamin A in order to support normal growth and reproduction of rats; and a little later McCollum, Simmonds and Pitz (2) arrived at the conclusion that "as small an amount as 15 per cent of whole wheat as the source of water soluble B suffices for completion of growth in the rat and so promotes well-being as to induce the production of a nearly normal number of young." It was not enough, however, to enable the young to develop to the weaning age.

In 1919 a very thoroughgoing investigation of the nutritive value of the wheat kernel and its milling products was made by Osborne and Mendel (3). In a diet otherwise adequate in which the "water-soluble vitamin" was supplied exclusively by 15 per cent whole wheat or by 2 to 5 per cent commercial wheat embryo, they found that young rats would grow well. In testing commercial wheat bran (which always contains a little endosperm and possibly traces of embryo), it was found that 5 per cent as the source of "water-soluble vitamin" would not support growth of young rats nor even maintain adults. When, however, 55 per cent of commercial bran (equal to 45.5 per cent pure bran) was fed, the addition of wheat embryo had no further beneficial effect, showing that the commercial bran furnished enough water-soluble vitamin at that level. To discover whether or not the vitamin was localized in the embryo, the latter was very carefully dissected by hand from the remainder of the kernel. On feeding the pure embryo alone, in diets adequate save for the water-soluble vitamin, the rats were maintained for many weeks in apparent health, but made no appreciable growth. On the other hand, the embryo-free kernels proved as efficient in promoting growth as the intact grain.

This observation raised a question as to whether the water-soluble vitamin is a single substance, which has more recently been answered by the differentiation of the antineuritic, appetite and growth-promoting vitamin B from the antipellagric, and growth-promoting vitamin G. The wheat kernel, while rich in vitamin B, also contains some vitamin G. Sherman and Axtmayer (4) found vitamin G to be the limiting factor of the vitamin B complex of whole wheat, which is therefore relatively richer in the antineuritic vitamin.

In 1922 Bell and Mendel (5), using mice instead of rats, made a still more careful study of the distribution of vitamin B in the wheat grain and obtained good growth when the vitamin B was furnished by 20 per cent of commercial bran, the animals being "particularly sleek and healthy in appearance." These authors estimated that the

bran contained about 24 per cent of the total vitamin of the wheat kernel.

In 1927 Plimmer, Rosedale and Raymond (6), using pigeons, found that a diet consisting of from 40 to 50 per cent whole wheat, 5 per cent fish meal, and white rice to make 100 per cent would be adequate for maintenance. Of wheat germ only 6 per cent was required. Bran was about one-fifth as rich in vitamin B as the wheat germ, 33 per cent being necessary to maintain the weight of the birds.

When Osborne and Mendel made the investigation referred to above (3) they remarked:

Whenever bread made from highly milled flour forms an unduly large proportion of the diet of children the vitamin deficiencies which the experiments described in this paper make so evident, may lead to malnutrition. In this country there is relatively little occasion to be concerned on this score, because, as we have already pointed out, the food habits of our people are such as to make cases of this kind comparatively rare.

In the years that have elapsed since these words were written, much evidence has accumulated regarding the value of liberal amounts of vitamins for health and growth. Sherman and MacLeod (7) have contributed impressive evidence that a diet which may be adequate for the development of the individual to normal adult size, can be greatly improved as shown by earlier maturity of the animals, longer adult life, greater number of offspring reared, and delayed onset of senility, the whole life span being increased about 10 per cent.

More specifically with regard to vitamin B, Daniels, Byfield and Shaw (8), Hoobler (9), Dennett (10) and Blossom (11) have reported better appetite and digestion, better growth and greater vigor, upon increasing the vitamin B content of the diets of infants through the use of wheat germ extract, or of brewer's yeast rich in vitamin B. So too, Morgan and Barry (12) found that school children fed rolls containing 50 per cent wheat germ showed in the course of about 7 months an increase of weight about three times as great as controls given an equal amount of rolls made from white flour. The rolls containing the wheat embryo were at least four times as rich in vitamin B as whole wheat bread.

McCarrison (13) has repeatedly called attention to the low state of health of the alimentary tract in cases where the vitamin B intake was low, and has shown experimentally in monkeys striking differences in the condition of the intestinal musculature. These findings have been extended to human beings by Fletcher and Graham (14) who report markedly beneficial results following the administration of yeast or commercial wheat germ to patients suffering from chronic arthritis, in whom the intestinal tract was markedly atonic.

In view of such developments in our knowledge of the

value of a liberal use of vitamin B in the diets of people of all ages, it has seemed worth while to determine quantitatively the amount of vitamin B in a commercial preparation of bran, specially steamed and then forced through small perforations to make a crumbled product of good texture and flavor for human use. We were also interested to learn whether any considerable loss of the vitamin occurred in the manufacture of the product.

Accordingly, 53 albino rats of known heredity, reared from mothers on a diet of one-third whole milk powder, two-thirds whole wheat, and sodium chloride equal to 2 per cent of the weight of the wheat, plus small amounts of fresh lean beef and lettuce regularly, have been placed at weaning time on a vitamin B-free basal ration of the following composition:

Vitamin B-free Basal Diet

	Per cent
Casein (extracted, free from vitamin B).....	18
Osborne and Mendel salt mixture	4
Cod liver oil	2
Butter fat	8
Cornstarch	48
Baker's yeast (neutralized and autoclaved 6 hours at 15 pounds)	20

All the animals were kept on this diet for about two weeks to insure full depletion of any possible reserves of vitamin B, as recommended by Chase and Sherman (15).

1. Ten animals were reserved as negative controls and maintained on the basal ration until death, which occurred in from 10 to 28 days, after marked loss of appetite and decline in weight.
2. Ten rats were placed on 0.6 gram of the prepared bran and observed for the prescribed period of 8 weeks, during which time they made an average gain of 18.1 grams.
3. Ten rats were placed on 0.8 gram of the prepared bran and made an average gain for the 8 weeks of 56.8 grams.
4. Four rats placed on 1.6 grams of the prepared bran made an average gain for the 8 weeks of 108 grams per rat. These gained at a rate which is normal when referred to the Donaldson curves.
5. Three rats placed on 2.0 grams of the prepared bran made an average gain for 5 weeks of 86.0 grams per rat, confirming the findings of good growth on 1.6 grams.
6. Ten rats were placed on 0.3 gram raw bran, but one which died in the fourth week was excluded from the final reckoning. The other nine made an average gain for the 8 weeks of 28.7 grams.
7. Ten rats were placed on 0.4 gram of raw bran and made an average gain for the 8 weeks of 42.7 grams.

Chase and Sherman (15) have defined a unit of vitamin B as that amount which, fed daily under suitably controlled conditions, will bring about an average gain of three grams per week over a period of not less than four or more than eight weeks. Chase (16) found that a unit of whole wheat thus described was about 0.6 gram.

We have found that 0.6 gram of our commercial bran preparation fed seven times per week gave nearly unit growth. It appears, therefore, that weight for weight our bran preparation is somewhat lower in vitamin B value than whole wheat.

In this age of automobiles and other machines which relieve mankind of much physical labor, there is an inevitable reduction in the amount of energy which a man must obtain daily in order to maintain his body weight. With lowered intake of calories there is a danger that the other nutrients which have been customarily ingested along with the calories will also be reduced. It seems likely that mankind will need to give increasing attention to the ash and vitamin content of the diet until new food habits are established which guarantee liberal supplies of all these dietary essentials. One ounce of whole wheat bread will furnish 62 vitamin units, and 100 calories; one ounce of bran suitably prepared for human use, such as has been used in this investigation, will furnish at least 45 vitamin B units with not more than about 30 calories. One ounce will also furnish vitamin B equivalent to that in one very large apple (100 calories) or five ounces of orange juice (60 calories). Without adding very greatly then to the total calories in the adult diet, bran may contribute appreciably to the vitamin B content.

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(Continued on page 34)

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Hospital Aid News

The Secretaries of the various Aids which comprise the Women's Hospital Aids' Association, are asked to remember that news notes for this column should be in the hands of the Secretary by the 15th of the month, preceding publication date. Address Mrs. F. C. Bodley at 55 Cline Ave., Hamilton, Ont.

DUNNVILLE.—We have much pleasure in announcing a new aid formed in connection with the Haldimand War Memorial Hospital, Dunnville, to be known as the Women's Hospital Aid to the Haldimand War Memorial Hospital. The officers are as follows: Honorary Presidents—Mrs. F. R. Lalor, Mrs. David Rogers, Mrs. S. S. Moote; Honorary Vice-Presidents—Mrs. R. Coulter, Cayuga; Mrs. E. J. McKee, Byng; Mrs. M. Furry, Lowbanks, Mrs. M. Sundy, Canboro; Mrs. Wm. Bird, Sherbrooke; Mrs. Gibson, Caledonia; President—Mrs. George Hall; 1st Vice-President—Mrs. W. R. Jackson; 2nd Vice-President—Mrs. James Loggie; 3rd Vice-President—Mrs. A. J. MacKay; 4th Vice-President—Mrs. J. C. Massie; Recording Secretary—Mrs. J. F. Scholfield; Corresponding Secretary—Mrs. Alice Francis; Treasurer—Mrs. A. B. Kamins; Executive—Mrs. J. A. Burns, Mrs. W. G. Anderson, Mrs. Tom Camelford, Mrs. T. G. Orme, Mrs. James Barrie, Mrs. Alex Camelford.

* * *

AYR.—The Hospital Aid purchased a Gatch bed for the Galt Hospital recently, and also furnished a room in the new wing of the Freeport Sanatorium. This progressive Aid held a Musical Evening which netted a substantial sum for their Aid activities.

* * *

GODERICH.—The Hospital Auxiliary participated in the Graduation Exercises on June 20th at the Alexandra Marine and General Hospital, presenting class pins and bandage scissors to the graduating nurses. They were hostesses at a Supper Dance in honor of the graduating class in the evening.

* * *

LONDON.—The Provincial President addressed the Hospital Auxiliary, Victoria Hospital, on June the 21st.

"Hospital Aid work is not a new venture," Mrs. Rhynas pointed out. "It is one of the oldest organized women's activities in the Province."

Mrs. Rhynas spoke of the place of women on hospital boards, suggesting that the choice be made with care and advising women not to wear chips on their shoulders in public life.

"Hospital work calls loudly to our womanhood," the Ontario President said. "We've got to take care of our sick. The eyes of the world are on the women and the work they do."

Mrs. A. A. Affleck, the president, who was in the chair, named with Mrs. J. W. Crane, Mrs. S. H. Gallagher and Mrs. James McNiven as a committee to superintend the re-decoration of one of the sunrooms in Victoria Hospital.

Delegates chosen to attend the annual meeting of the

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Ontario United Hospital Aids Association, in Sarnia, October 5 and 6, were Mrs. A. A. Affleck, Mrs. T. C. Benson, Mrs. James McNiven and Mrs. H. B. Ashplant; substitutes, Mrs. Arthur Gleason, Mrs. W. R. Yendall, Mrs. J. W. Crane and Mrs. J. A. Dickson.

* * *

ST. CATHARINES.—The Hospital Auxiliary entertained the nurses at a series of Picnics on June 29th, July 6th and July 15th.

* * *

BRANTFORD.—A delightful function was held recently in the Nurses' Home, Brantford General Hospital, to honor Mrs. T. H. Preston, who conceived the idea of forming a Hospital Aid in Brantford. A beautiful portrait of Mrs. Preston was presented to the Hospital, and will hang in the corridor of the Nurses' Home. Mrs. Preston as well as her late husband have been loyal friends of the hospital and this honor to Mrs. Preston is a very gracious and timely one.

* * *

CHATHAM.—The Ladies' Assisting Society to the Chatham General Hospital participated in the Graduating Exercises held there on June 21st. Medals and honor certificates were presented to successful nurses and glowing tribute paid Miss Priscilla Campbell, superintendent, for the wonderful co-operation and help in Hospital Aid activities.

National Office of C.N.A. Moved to Montreal

A resolution was adopted at the biennial convention of the Canadian Nurses' Association to move the national office from Winnipeg to Montreal.



MARVIN A. YOUNG,
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Book Reviews

"THE PURCHASE OF MEDICAL CARE THROUGH FIXED PERIODIC PAYMENT," by Pierce Williams. Published by the National Bureau of Economic Research, Inc., New York City. 320 pages, 6 by 9, cloth-bound, \$3.00.

The title suggests quite well the scope of this book. It gives an exhaustive survey of the plans of medical and hospital insurance prevailing in the United States, particularly for employees of mining, lumbering and railroad companies.

Approximately 1½ million employees of lumber, mining and railroad companies in the United States now secure medical and hospital care through what is practically insurance, payment being made through a fixed periodic deduction from their wages.

Employers Liability companies issue group industrial accident insurance contracts which not only guarantee the payment of cash compensation to cover loss of earnings by a workman injured at his work, but the provision of medical, surgical and hospital care as well.

This work deals with methods and costs and contributes a great fund of detailed information on a problem which is regarded as the great outstanding question before the medical profession to-day.

* * *

"COMMON PROCEDURES IN THE PRACTISE OF PAEDIATRICS," by Alan Brown, M.D., and Frederick F. Tis-

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dall, M.D. Published by McClelland & Stewart, Limited, Toronto. Price \$4.50.

The new edition of this well known work, revised and enlarged, is now off the press. It constitutes a detailed description of diagnostic, therapeutic and dietetic methods employed in the Hospital for Sick Children, Toronto. It is confined chiefly to those methods which will be of the greatest practical value to the practitioner. The actual steps of the different procedures and the apparatus employed in each step are described in the fullest manner possible, in order to make the work wholly practical.

Some of the chapter headings are as follows: Method of History Taking; Physical Examination; Pre-School and Adolescent Child; Diagnostic and Therapeutic Procedures; Parental Administration of Fluids; Special Procedures; Difficulties in Diagnosis; Laboratory Methods and Drugs. The text has been completely revised and new material covering diets, intelligence tests, the oxygen tent, etc., added. This book will prove an invaluable guide to students, practitioners and nurses.

* * *

"MAKERS OF NURSING HISTORY," edited by Meta Rutter Pennock. Published by Lakeside Publishing Company, New York. Price \$1.50.

This is a pictorial survey of the makers of nursing history, among them such familiar figures as Florence Nightingale, Mlle. Jeanne Mance, Clara Barton, Mary Adeline Nutting, Mary Agnes Snively, Annie W. Goodrich, Lillian D. Wald, Charlotte Macleod, Edith Cavell and Christianne Reimann. This is the sort of volume which could be presented to graduating nurses with the certain knowledge that these presentation gifts would become prized possessions.

Wheat Bran as a Source of Vitamin B

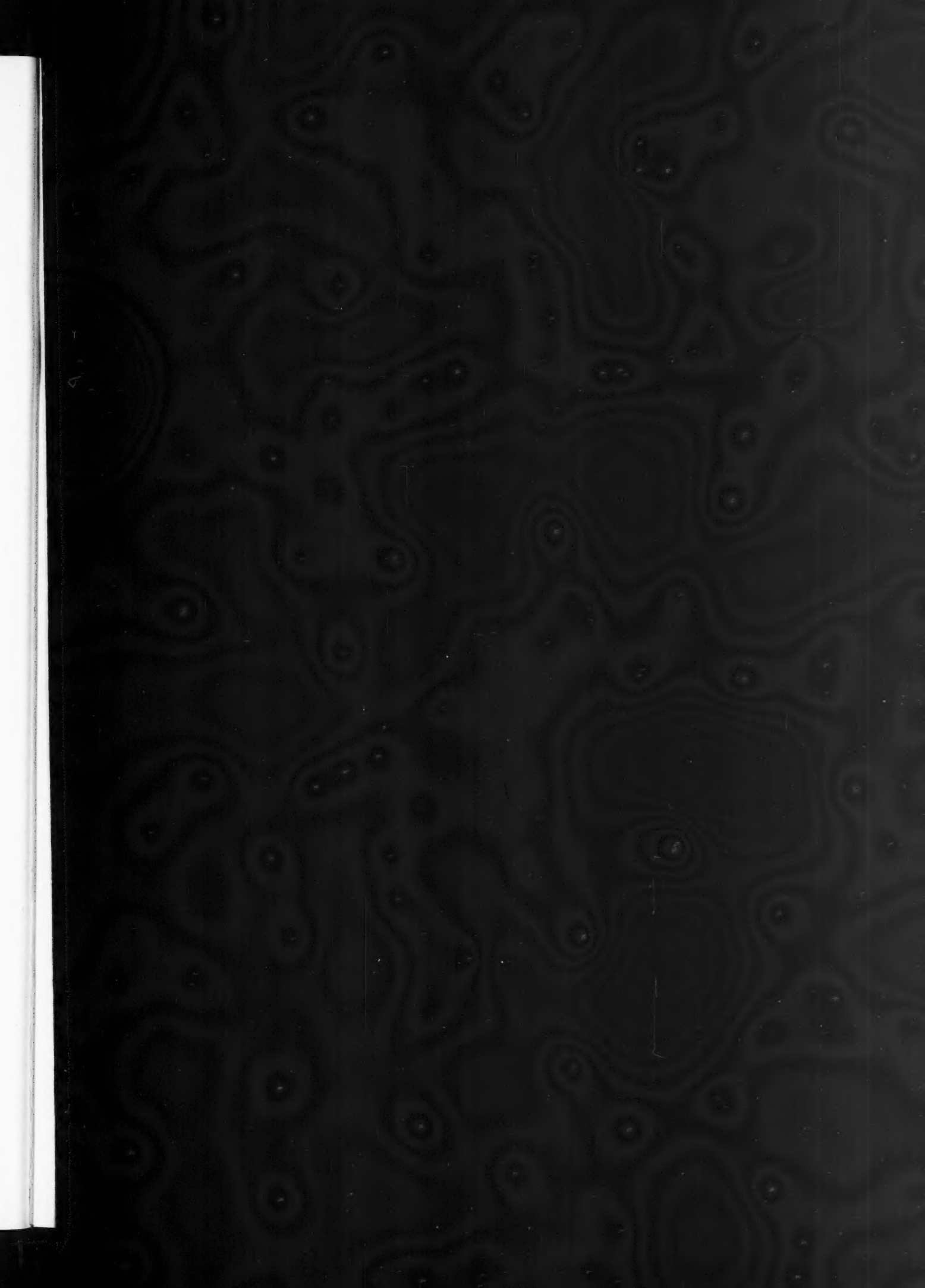
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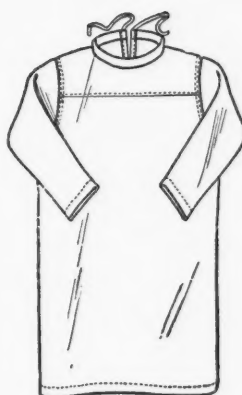
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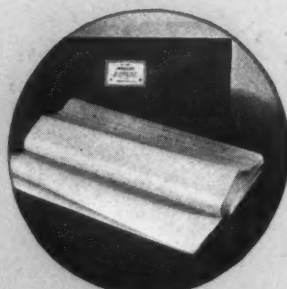


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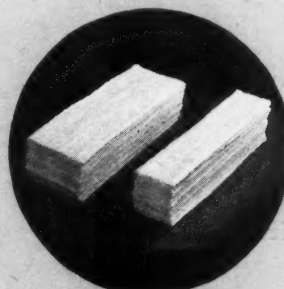
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